

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90049 013 ***150.00

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1. Entity Name
GULF COAST LAND TITLE AGENCY, INC.



Principal Place of Business
**118 107th AVE
SAINT PETERSBURG, FL 33706**

Mailing Address
**5810 W. CYPRESS ST, STE E
TAMPA, FL 33607**

94022488



2. Principal Place of Business

3. Mailing Address

118 107th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004 Chg-P CR2E034 (10/03)

City & State

City & State
Treasure Island, FL

4. FEI Number
59-3621778

Applied For
Not Applicable

Zip Country

Zip Country
33706 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAROSA, MICHAEL
5810 W. CYPRESS ST, STE E
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name
Gail A. Byrne

Street Address (P.O. Box Number is Not Acceptable)

118 107th Ave.

City Zip Code
Treasure Island, FL 33706

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **BYRNE, GAIL A**
CITY-ST-ZIP **118 107 AVE
SAINT PETERSBURG, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #